AmeriHealth HMO

AmeriHealth 10 Summary of Benefits

AmeriHealth is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by an AmeriHealth primary care physician (PCP). Your AmeriHealth PCP may also refer you to other AmeriHealth providers for care, if needed.

To get the most out of your benefits program, below are some key terms that you will need to understand.

- **Referral** - Documentation from your PCP authorizing care at a participating specialist for covered services.
- **Preapproval/Precertification** - Approval from AmeriHealth for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. Your participating provider will contact AmeriHealth for authorization. For more information on the services requiring precertification, please refer to the back page of this summary.
- **Designated site** - PCPs are required to choose one radiology, physical therapy, occupational therapy, laboratory, and podiatry provider where they will send all their AmeriHealth members. You can view the sites selected by your PCP at www.amerihealth.com.

Your Member Handbook will provide additional details about your benefits program. It will include information about exclusions and benefit limitations. It is important to note that this program may not cover all your health care services. Services may not be covered because they are not included under your benefits contract, not medically necessary, or limited by a benefit maximum (e.g., visit limit). After reviewing this information, please contact our Customer Service department if you have additional questions.

Benefit	Benefits and Services	Coverage
Doctor Visits	Office visits to your Primary Care Physician	$10 copay
	Home visits by your Primary Care Physician	$15 copay
	Non-routine after hours visits to your Primary Care Physician	$15 copay
	Office visits to referred specialists	$15 copay
Preventive Health Services	Preventive Care for Adults and Children	Covered 100%
	Periodic health assessment	$10 copay
	Pediatric Immunizations (except for travel or employment)	Covered 100% (office visit copayment does not apply)
	Routine gynecological care (no referral required)	Covered 100%

The benefits may be changed by AmeriHealth to comply with applicable federal/state laws and regulations.

AmeriHealth

AmeriHealth HMO, Inc.

AmeriHealth HMO benefits are underwritten or administered by AmeriHealth HMO, Inc.

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Benefit	Benefits and Services	Coverage
Preventive Health Services (Continued)	Routine mammography (no referral required)	Covered 100%
	Nutrition Counseling for Weight Management 6 visits per year	Covered 100%
Maternity	Obstetrical care (including pre- and postnatal care)	$15 copay for the first visit; subsequent visits to you OB/GYN covered 100%.
	Newborn care (both doctor and hospital)	Covered 100%
Hospital Services*	Unlimited inpatient stay	Covered 100%
	Surgery	Covered 100%
	Anesthesia	Covered 100%
	Drugs and medication	Covered 100%
	Inpatient doctor care	Covered 100%
	General nursing care	Covered 100%
	Administration of blood	Covered 100%
	Organ transplantation, non-experimental	Covered 100%
Emergency Care	Treatment in hospital emergency room	Covered with a $35 copay (waived if you are admitted to the hospital)
Ambulance	Emergency	Covered 100% when medically necessary
	Non-Emergency*	Covered 100% when medically necessary
Specialized Services	Allergy testing and treatment	Covered 100%**
	Diagnostic, Laboratory, and X-ray services***	Covered 100%
	Short-term Rehabilitation Therapy (including Speech* ,Occupational, and Physical Therapy)	Covered 100%. Up to 60 consecutive days per condition covered, subject to significant improvement
	Spinal Manipulation Services	Covered 100% up to 60 consecutive days per condition covered, subject to significant improvement
	Orthoptic/Pleoptic	Covered 100%, 8 session lifetime maximum

* Pre-authorization required. Pre-authorization is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the pre-authorization is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request.

** Office visits subject to copay.

*** MRI/MRA, CT/CTA Scan, PET Scan, and Nuclear Cardiac Studies require pre-authorization.

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Benefit	Benefits and Services	Coverage
Specialized Services (Continued)	Respiratory Therapy	Covered 100%
	Chemotherapy	Covered 100%
	Radiation Therapy	Covered 100%
	Vision Care, including screening, eye exams, and refractions	Covered with a $15 copay once every two calendar years
	Hearing Screening	Covered 100%**
	Skilled Nursing Facility Services, as specified*	Covered 100% up to 180 days per calendar year
	Outpatient Surgery*	Covered 100%
	Durable Medical Equipment*	All purchases and rentals (including repairs and replacements) are covered 100% when authorized by your Primary Care Physician[1]
	Prosthetics*	All purchases (including repairs and replacements) are covered 100% when authorized by your Primary Care Physician[1]
	Home Health Care*	Covered 100%
	Hospice*	Covered 100%
	Dialysis	Covered 100%
Mental Health	Inpatient*	Covered 100%
	Outpatient	$5 copay
Serious Mental Illness (SMI)	Inpatient*	Covered 100%
	Outpatient	$5 copay
Substance Abuse	Detoxification*	Covered 100%
	Inpatient Rehabilitation*	Covered 100%
	Outpatient Rehabilitation*	$5 copay
Substance Dependency	Rehabilitation*	Covered 100%
	Detoxification*	Covered 100%
	Outpatient	$5 copay
	Annual Copayment Maximum (includes copayments only)***	$1,000 per person, $2,000 per family

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** Office visits subject to copay.

*** MRI/MRA, CT/CTA Scan, PET Scan, and Nuclear Cardiac Studies require pre-authorization.

1 Purchases over $500 and all rentals require pre-authorization.

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Services and Benefits Not Covered

As with all health insurance plans, AmeriHealth's coverage excludes certain services. Those not covered by AmeriHealth include, but are not limited to, the following:

- Services not medically necessary
- Services not provided or referred by your primary care physician, except in emergencies
- Experimental/investigational services, except when approved by AH, routine costs associated with a qualifying clinical trial
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- The cost of services for which another party has primary responsibility
- Assisted fertilization techniques such as in-vitro fertilization, GIFT, and ZIFT
- Long-term rehabilitative therapy (e.g. maintenance of chronic conditions)
- Non-medical, rehabilitative services for the treatment of substance abuse in an acute care hospital
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electro-magnetic hearing devices
- Radial keratotomy
- Custodial or domiciliary care
- Personal or comfort items not medically necessary, such as air conditioners, humidifiers, telephones, or similar items
- Alternative Therapies/Complementary Medicine
- Contraceptive devices and birth control pills, except by additional benefits rider
- Reversal of voluntary sterilization
- Transsexual surgery
- Cosmetic services/supplies
- Immunization for travel or employment
- Prescription drugs and medications, except as required by law or by additional rider
- Treatment for temporomandibular joint syndrome (TMJ)
- Care of the feet, unless medically necessary
- Services required by a member who is an organ donor
- Dental care, including dental implants
- Self-injectable drugs

This summary represents only a partial listing of the benefits and exclusions of the HMO program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 1-800-877-9829.